

IOWA CIVIL RIGHTS COMMISSION COMPLAINT FORM

Complaint of Discrimination under Iowa Code Chapter 216, "Iowa Civil Rights Act of 1965"
NOTE: A copy of this complaint will be sent to the Organization or person you are filing against.

(AGENCY USE ONLY)	
ICRC CP# _____	Iowa Civil Rights Commission
Local Commission# _____	400 East 14th Street
EEOC# _____	Des Moines, IA 50319-0201
515-281-4121 / 800-457-4416 / Fax: 515-242-5840 / http://www.state.ia.us/government/crc	

(TYPE OR PRINT)

1. What is your legal name? _____

2. What is your mailing address? _____

City: _____ State: _____ Zip Code: _____

3. Telephone #: _____

4. Your date of birth? _____ Your sex/gender? _____

5. Please check the **AREA** in which the discrimination occurred.

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Credit | |

6. Please check the **ACTION** that the Organization took against you. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Failure to Train |
| <input type="checkbox"/> Denied Accommodation/Modification | <input type="checkbox"/> Forced to Quit/Retire |
| <input type="checkbox"/> Denied Benefits | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Denied Financial Services/Credit | <input type="checkbox"/> Laid-Off/ Failure to Recall |
| <input type="checkbox"/> Denied Service | <input type="checkbox"/> Reduced Hours |
| <input type="checkbox"/> Disciplined/Suspended | <input type="checkbox"/> Reduced Pay |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Rent | <input type="checkbox"/> Unequal Pay |

☐ Other: _____

7. Do you believe you were discriminated against because of your Race? _____

If yes, what is your Race? _____

8. Do you believe you were discriminated against because of your National Origin? _____

If yes, what is your National Origin? _____

9. Do you believe you were discriminated against because of your sex? _____

10. Do you believe you were discriminated against because of your sexual orientation?
_____ If yes, what is your sexual orientation? _____

11. Do you believe you were discriminated against because of your gender identity? _____

12. Do you believe you were discriminated against because of a disability, real or perceived?
_____ If yes, what is your disability? _____

13. Do you believe you were discriminated against because of your religion or creed? _____

What is your religion or creed? _____

14. Do you believe you were discriminated against because of your pregnancy or pregnancy related issues? _____

15. If your complaint involves employment or credit, do you believe you were discriminated against because of your age? _____

16. If your complaint involves housing or credit, do you believe you were discriminated against based on your familial status? _____ If yes, how many children live with you? _____

17. If your complaint involves credit, do you believe you were discriminated against based on your marital status? _____ If yes, what is your status? _____

18. If you have previously complained to anyone within the organization or the ICRC or reported discrimination or participated as a witness, do you believe you have suffered an adverse action or been treated differently since you complained about discrimination? _____

If yes, how were you retaliated against and by whom? _____

19. What is the Full Legal Name of the Organization that discriminated against you?
[This Organization will be charged with discrimination and given a copy of your complaint.]

City: _____ County: _____ State: _____

Zip Code: _____ Telephone #: (_____) _____ - _____

20. If the organization listed in #18 has a Parent Organization or Corporate Office list it here.

[This Organization will also be charged with discrimination and given a copy of your complaint.]

City: _____ State: _____

Zip Code: _____ Telephone #: (_____) _____ - _____

21. Provide the address of the location where the discrimination occurred.

Address: _____

22. If Employment is the Area, give approximate number of ALL employees (full-time & part-time) at ALL employer locations nationwide (**REQUIRED**):

☐ 4-14 ☐ 15-19 ☐ 20-100 ☐ 101-200 ☐ 201-500 ☐ 500+

23. Have you filed this complaint with any other Federal, State, or Local anti-discrimination agency? ☐ Yes ☐ No

If yes, what agency? _____ When? _____

24. If you are claiming an individual discriminated against or harassed you, identify the individual(s). [**The individual[s] will be charged with discrimination and will be given a copy of your complaint.**]

Name: _____ Title: _____

Work or Home Address: _____

Name: _____ Title: _____

Work or Home Address: _____

If more than two, list those individuals on a separate document and provide.

25. What was the **date** of the **MOST RECENT** discriminatory incident? (Month Day, Year)

26. If Employment is the Area, what is your hire date or application date? _____

Are you still employed by the **Organization** listed in #18? ☐ Yes ☐ No

If no, **when** did your employment **end**? _____ (Month Day, Year)

If no, **how** did your employment end? ☐ Terminated ☐ Forced to Quit ☐ Quit

BRIEF SUMMARY OF ALLEGATIONS. Please describe what happened to you. How were you discriminated/harassed/retaliated against. Please be sure to address each action you identified. Insure that your summary reflects the basis you previously identified. ***Please read the instruction before writing your brief summary if you have questions.***

I certify under penalty of perjury and pursuant to the laws of the State of Iowa and the laws of the United States of America that the preceding charge is true and correct.

X _____
Signature of Complainant Date